End-Stage Renal Disease Quality Incentive Program

Previewing Your Facility’s Payment Year 2017 Performance Data

August 2, 2016
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Presenters

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Agenda

To provide an overview of the Payment Year (PY) 2017 End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and describe what to expect during the Preview Period

This National Provider Call (NPC) will discuss:

- General program information
- Details about PY 2017 measures and scoring
- Understanding your Performance Score Report (PSR)
- How to submit formal inquiries and clarification questions
- Activities following the Preview Period
- Where to go for more help and information
Introduction

Jim Poyer
CMS Objectives for Value-Based Purchasing

- **Identify and require reporting** of evidence-based measures that promote the adoption of best practice clinical care

- **Advance transparency of performance** across all sites of care to drive improvement and facilitate patient decision-making around quality

- **Implement and continually refine payment models** that drive high standards of achievement and improvement in the quality of healthcare provision

- **Stimulate the meaningful use of information technology** to improve care coordination, decision support, and availability of quality improvement data

- **Refine measurements and incentives** to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences

- **Paying for quality healthcare** is no longer the payment system of the future; it’s the payment system of today.

- **The ESRD QIP** is the leading edge of payment reform and can serve as an example to the healthcare system.
Six Domains of Quality Measurement Based on the National Quality Strategy

- **Treatment and Prevention of Chronic Disease**: Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

- **Patient and Family Engagement**: Ensuring that each person and family are engaged as partners in their care.

- **Affordability**: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

- **Care Coordination**: Promoting effective communication and coordination of care.

- **Population/Community Health**: Working with communities to promote wide use of best practices to enable healthy living.

- **Safety**: Making care safer by reducing harm caused in the delivery of care.
ESRD QIP Overview

Tamyra Garcia
ESRD QIP Legislative Drivers

The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

• **Program intent**: Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care

• **Section 1881(h)**:
  – Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
  – Allows payment reductions of up to 2%
Overview of MIPPA Section 153(c)

MIPPA requires the Secretary of the Department of Health and Human Services (HHS) to create an ESRD QIP that will:

• Select measures
  – Anemia management, reflecting Food and Drug Administration (FDA) labeling
  – Dialysis adequacy
  – Patient satisfaction, as specified by the HHS Secretary
  – Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary

• Establish performance standards that apply to individual measures

• Specify the performance period for a given payment year (PY)

• Develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period

• Apply an appropriate payment percentage reduction to facilities that do not meet or exceed established total performance scores

• Publicly report results through websites and facility posting of performance score certificates (PSC)
Program Policy: ESRD QIP Development from Legislation to Rulemaking

MIPPA outlines general requirements for ESRD QIP (applied on a PY basis)

HHS components review proposals, including the Office of the General Counsel (OGC) and the Centers for Disease Control and Prevention (CDC)

CMS publishes proposed rule via Notice of Proposed Rulemaking (NPRM) in the Federal Register

Public afforded 60-day period to comment on proposed rule

CMS drafts final rule (addressing public comments), which passes through HHS internal clearance process

CMS publishes final rule in the Federal Register
Scoring Facility Performance

Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

Release estimated scores and payment reduction in a Preview Performance Score Report (PSR) to facilities

Conduct 30-day Preview Period for facility review of calculations and inquiries

Adjust scores where required; submit payment reductions to Center for Medicare (CM)

Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)
PY 2017 Overview

Tamyra Garcia
PY 2017 Preview Period Timeline

8/15/2016
Preview Period opens

8/16/2016
Preview PSR ready for download from QualityNet.org

8/31/2016
CMS recommends submitting clarification questions and systemic clarification questions by 8/31/16

9/16/2016
5:00 P.M. EDT
Preview Period closes

9/16/2016
ALL clarification questions and formal inquiries must be received

CMS will respond to questions and inquiries received before the deadline; responses to formal inquiries may be delivered after the Preview Period has elapsed
PY 2017: Measures Overview

Clinical Measures – 75% of Total Performance Score (TPS)
1. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
2. VAT Measure Topic – Catheter ≥ 90 days
3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
6. Hypercalcemia
7. NHSN Bloodstream Infection
8. Standardized Readmission Ratio (SRR)

Reporting Measures – 25% of TPS
1. ICH CAHPS Patient Satisfaction Survey
2. Mineral Metabolism
3. Anemia Management

new measure for PY 2017
PY 2017 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – AVF

- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR

Higher Rate Indicates Better Care for Measures

Lower Rate Indicates Better Care for Measures
**Achievement Score:** Points awarded by comparing the facility’s rate during the performance period (CY 2015) with the performance of all facilities nationally during the comparison period (CY 2013)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points

**Improvement Score:** Points awarded by comparing the facility’s rate during the performance period (CY 2015) with its previous performance during the comparison period (CY 2014)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points
PY 2017 Scoring and Payment Reduction Methodology

**CLINICAL**

- Measure Topic?
  - Vascular Access Type
  - Kt/V Dialysis Adequacy

- Individual Measure Scores
  - Access via AVF
  - Access via catheter
  - Hemodialysis
  - Peritoneal Dialysis
  - Pediatric Dialysis
  - Hypercalcemia
  - NHSN Bloodstream Infection
  - SRR

- Measure Calculations
  - Generally, each clinical measure scored by either achievement or improvement (whichever results in the higher score for facility); see two exceptions

- Total Category Weight
  - = 75%

- Payment Reduction Percentage
  - 60 pts. (min. TPS)
  - 0.5% Reduction
  - 1.0% Reduction
  - 1.5% Reduction
  - 2.0% Reduction

**REPORTING**

- Individual Measure Scores
  - ICH CAHPS Survey
  - Mineral Metabolism
  - Anemia Management

- Measure Calculations
  - Each reporting measure scored by satisfying requirements according to points system

- Total Performance Score (TPS) is the sum of the weighted totals from both measure categories

= 25%
Performance Score Report Overview

Tamyra Garcia
Your facility’s performance scores will be detailed in the Preview PSR using tables and explanatory text.
Performance Score Report Contents

• Your PSR contains the following information:
  – Your performance rate in 2015 on each PY 2017 clinical measure
  – An explanation of how this rate is translated into your score on both achievement and improvement for each clinical measure
  – A record of attestations and data your facility recorded for the three reporting measures
  – An explanation of how your measure scores are weighted and translated into your TPS
  – Information regarding if and/or how Medicare payments to your facility will be affected as a result of your TPS

• Detailed information about how the performance rates were calculated is available in the Guide to the PY 2017 Performance Score Report, which will be available on QualityNet.org
Preview Period Details

Tamyra Garcia
Accessing the ESRD QIP System

• ESRD QIP 2.0 release on August 4

• From www.qualitynet.org, select “Log in to QualityNet Secure Portal” (QSP)

• Approved users will access the site with user ID, password, and two-factor authentication validation
Clarification Questions

- **Purpose:** Ensure that facilities completely understand how their measure scores were calculated

- **Only the Facility Point of Contact (POC) may submit clarification questions on the facility’s behalf**
  - Note: A facility can have only one POC, but a user may be the POC for multiple facilities

- **Facilities are not limited in the number of clarification questions they may pose**
Systemic Clarification Questions

• Purpose: Indicate that a systemic error may have occurred in the way that measure scores were calculated that may impact multiple facilities

• Only Facility POCs may submit systemic clarification questions

• Facilities are not limited in the number of systemic clarification questions they may pose
Formal Inquiry

• **Purpose:** Provide CMS with an explanation of why the facility believes its own scores were not calculated correctly
  – This typically occurs after submitting a clarification question and/or requesting a patient list

• **Each facility may submit only ONE formal inquiry at** [QualityNet.org](http://QualityNet.org)

• **Formal inquiries must be submitted before 5:00 p.m. (EDT) on September 16, 2016**

• **Only the Facility POC may submit the formal inquiry on behalf of the facility**

• **The Facility POC must indicate approval of the Facility Manager when submitting the formal inquiry**

• **Once a formal inquiry has been submitted, the facility cannot recall it**
QualityNet.org System Assistance

• Review the *QSP/QARM User Guide*, available on the ESRD Facilities page of [www.qualitynet.org](http://www.qualitynet.org)

• QualityNet Help Desk options:
  – Phone: (866) 288-8912
    7:00 a.m. – 7:00 p.m. (CDT), Monday – Friday
  – Email: qnetsupport-esrd@hcqis.org
  – Mail:
    QualityNet Help Desk
    1401 50th Street, Suite 200
    West Des Moines, IA 50266
ESRD QIP 2.0 Walk-Through

Oniel Delva
Establishing EIDM Accounts

• In May 2016, CMS released the Enterprise Identity Management (EIDM) system.

• EIDM allows users to create, request, and maintain usernames, passwords, and Multi-Factor Authentication for CROWNWeb, the ESRD QIP system, and other CMS systems.

EIDM is accessible via Portal.CMS.gov
Requesting Roles in QARM

• On July 19, 2016, CMS released the new QualityNet Authorization and Role Management (QARM) system.

• QARM allows users to request access, and establish roles and scope to authorized CMS systems.

QARM is accessible via https://www.qualitynet.org/
EIDM and QARM training materials available via http://mycrownweb.org/education/eidmqarm-training/
ESRD QIP Roles

- Users must have ESRD QIP access roles established in QARM in order to access the ESRD QIP system.

**Facility Point of Contact (POC)**
- Run reports
- Submit clarifications, questions and view CMS responses
- Submit formal inquires (1 per facility)

**Facility Viewer**
- View reports
- View clarifications, questions and CMS responses
- View formal inquires
Log into QualityNet Secure Portal

• Click **End-Stage Renal Disease Quality Reporting System**
Download a Preview PSR
Submit a Clarification Question

For the Facility Point of Contact:

1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below “ESRD QIP Applications” from the My Tasks screen and the **Inquiry Dashboard** displays
4. Click the **Create Clarification Question** button
Submit a Systemic Clarification Question

For the Facility Point of Contact:

1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below “ESRD QIP Applications” from the My Tasks screen and the **Inquiry Dashboard** displays
4. Click the **Create Clarification Question** button
5. Check the **“Systemic Clarification”** checkbox
Submit a Formal Inquiry

For the Facility Point of Contact:

1. Click the **Quality Programs** drop-down
2. Choose **End Stage Renal Disease Quality Reporting System**
3. Click the **Inquiry** link that is displayed below “ESRD QIP Applications” from the My Tasks screen and the *Inquiry Dashboard* displays
4. Click the **Create Formal Inquiry** button
ESRD QIP 2.0 System Training

• ESRD QIP 2.0 system training will be provided on **August 16, 2016**.

• During training, attendees will be provided further details regarding the following:
  
  o How to access ESRD QIP 2.0
  o Requesting and accessing reports
  o How to Review your Performance Score Report (PSR)
  o Submitting a Clarification Question
  o Submitting a Formal Inquiry

• **ESRD QIP 2.0 System Training Registration Info:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Registration Link</th>
</tr>
</thead>
</table>
Follow-Up Activities and Responsibilities

Tamyra Garcia
Activities Following the Preview Period

- CMS will review any outstanding inquiries, then finalize facility TPS and payment reduction percentages
  - Once scores are finalized, a final PSR will be posted for download on the ESRD QIP system that will outline your facility’s information
  - Once issued as final, a PSR cannot be changed

- In December 2016, each facility’s Performance Score Certificate (PSC) will be posted for download on the ESRD QIP system

- By the end of January 2017, performance score data will be made available to the public on [http://www.medicare.gov/Dialysis](http://www.medicare.gov/Dialysis)

- Payment reductions (if applicable) are applied to dialysis services beginning January 1, 2017, and will remain in place for the duration of the year
Performance Score Certificate

• It is your facility’s responsibility to print your PSCs in mid-December
  – The certificate must be posted within 15 business days of their availability via the ESRD QIP system and remain posted throughout the year
  – The certificate must be prominently displayed in a patient area
  – English and Spanish versions must be posted

• The certificate contains:
  – Your TPS and score on each measure
    ❖ It does not contain detailed information about how the scores were calculated
  – National average scores for comparison

• Your patients may have questions about the certificate
  – CMS recommends that you educate your staff on the performance scores so that they can answer patient questions
Sample Performance Score Certificate
(English version)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
End-Stage Renal Disease Quality Incentive Program
2017 Certificate of Dialysis Facility Performance - Part 1
Facility CMS Certification Number: XXXXXX

**To obtain scores and ratings. CMS keeps data from 2013 and 2014 to data from 2016.**

A Sample Facility, Anytown, USA 99999

**TOTAL PERFORMANCE SCORE:** 89 out of 100
National Average: XX out of 100

### Clinical Measures of Quality

<table>
<thead>
<tr>
<th>Measure of Quality</th>
<th>Facility Percent in 2015</th>
<th>National Median</th>
<th>Facility Percent in 2014</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>K/VDialysis Adequacy - Hemodialysis</td>
<td>100.00%</td>
<td>99.89%</td>
<td>100.00%</td>
<td>10 of 10</td>
</tr>
<tr>
<td>K/VDialysis Adequacy - Percutaneous Dialysis</td>
<td>N/A</td>
<td>97.10%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>K/VDialysis Adequacy - Pediatric Hemodialysis</td>
<td>N/A</td>
<td>94.44%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vascular Access Type - Fistula (Compares access to a patient's bloodstream via fistula – higher score desirable)</td>
<td>N/A</td>
<td>64.46%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vascular Access Type - Catheter (Compares access to a patient's bloodstream via catheter – lower score desirable)</td>
<td>0.60%</td>
<td>0.92%</td>
<td>0.80%</td>
<td>6 of 10</td>
</tr>
<tr>
<td>NIVSN Bloodstream Infection Due to Patients</td>
<td>0.74%</td>
<td>0.81%</td>
<td>0.463</td>
<td>6 of 10</td>
</tr>
<tr>
<td>Hyperkalemia (Scores how well a facility avoids unplanned hospital readmissions – lower score desirable)</td>
<td>1.00%</td>
<td>1.03%</td>
<td>1.00%</td>
<td>8 of 10</td>
</tr>
</tbody>
</table>

### Quality Reporting Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Facility Performance in 2015</th>
<th>Facility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the facility report required data about patient anemia management?</td>
<td>Yes</td>
<td>10 of 10</td>
</tr>
<tr>
<td>Did the facility report required data about patient phosphorus levels?</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Was the patient experience of care survey administered and delivered twice?</td>
<td>Yes</td>
<td>15 of 10</td>
</tr>
</tbody>
</table>

**A Sample Facility**
7 Main Street
Anytown, USA 99999

**Facility Medical Director**

**CMS Chief Medical Officer**

**Deputy Administrator for Innovation and Quality**

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MLN Connects®
Recap: Facility Responsibilities

• Establish your EIDM/QARM account to access QualityNet.org and ESRD QIP 2.0

• Facilities and Networks can access their Preview PSRs beginning August 15
  – Recommendation: Submit clarification questions by August 31 to receive a prompt response and to have enough time to submit a formal inquiry if necessary

• If you believe there is an error in your score, submit a single formal inquiry
  – If you are contacted for follow-up information, respond in a timely manner so that your inquiry can be given due consideration

• Attend ESRD QIP 2.0 System Training on August 16

• Preview Period ends September 16 at 5:00 p.m. (EDT)

• Download, print, and post your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP system

• Educate your staff about the ESRD QIP so they can answer patient questions about the publicly posted certificate
Key ESRD QIP Dates to Remember

• **PY 2016 payment reductions applied** (January 1 – December 31, 2016)

• **PY 2017 Preview Period** (August 15 – September 16, 2016)

• **PY 2018 Performance Period** (January 1 – December 31, 2016)

• **PY 2020 Rulemaking**
  – Proposed rule published (displayed June 27, 2016)
  – 60-day comment period (ends August 23, 2016)
  – Final rule published (early November)

• **PY 2017 PSC** available for download mid-December 2016; post within 15 business days

**PY 2017 payment reductions are effective January 1, 2017**
ESRD QIP Resources

  

• ESRD National Coordinating Center (NCC): [esrdncc.org](http://esrdncc.org)

• Dialysis Facility Compare: [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)

Question & Answer Session
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVF</td>
<td>arteriovenous fistula</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDT</td>
<td>Central Daylight Time</td>
</tr>
<tr>
<td>CM</td>
<td>Center for Medicare</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CY</td>
<td>Calendar Year</td>
</tr>
<tr>
<td>EDT</td>
<td>Eastern Daylight Time</td>
</tr>
<tr>
<td>EIDM</td>
<td>Enterprise Identity Management system</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
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<td>National Coordinating Center</td>
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<td>NHSN</td>
<td>National Healthcare Safety Network</td>
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<tr>
<td>NPC</td>
<td>National Provider Call</td>
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<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
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<tr>
<td>OGC</td>
<td>Office of General Counsel</td>
</tr>
<tr>
<td>POC</td>
<td>point of contact</td>
</tr>
<tr>
<td>PSC</td>
<td>Performance Score Certificate</td>
</tr>
<tr>
<td>PSR</td>
<td>Performance Score Report</td>
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<tr>
<td>PY</td>
<td>Payment Year</td>
</tr>
<tr>
<td>QARM</td>
<td>QualityNet Authorization Role Management system</td>
</tr>
<tr>
<td>QIP</td>
<td>Quality Incentive Program</td>
</tr>
<tr>
<td>QSP</td>
<td>QualityNet Secure Portal</td>
</tr>
<tr>
<td>TPS</td>
<td>Total Performance Score</td>
</tr>
<tr>
<td>VAT</td>
<td>Vascular Access Type</td>
</tr>
</tbody>
</table>
A Message from the CMS Provider Communications Group

Aryeh Langer
Evaluate Your Experience

• Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today’s call.

• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call.
Thank You

• For more information about the MLN Connects® National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.


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